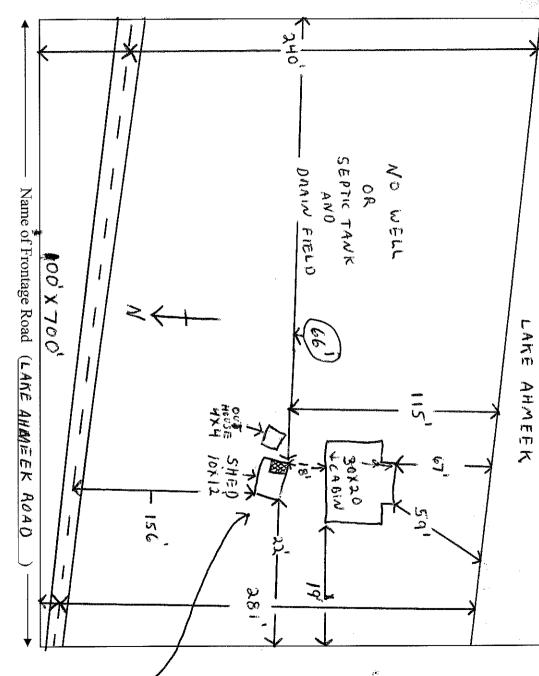
BAYFIELD COUNTY SANITARY PERMIT APPLICATION

| | Z . | × | VIII. | Plumb | 50 | Plumber's / | VII. I | Lift Pump Chamber | Septic Tank | INFO | VI. TANK | l. Gal Per | Ÿ. AF | | 9 | IV. T | ш | | | | 12 E | П. ТҮ | City, S Supe | Property | 5315 | S co 1 | Proper | ld. Tabi | |
|---|--|--|----------------------------------|----------------------|-------|--------------------|---|----------------------|-----------------|-------------------|---------------------|---|--|--------------|--------------|---|--|---|----------------------------|---|-------------------------------|-----------------------|---------------------------------|-----------|---------------------------|--------------------|-----------------------|--|--|
| | | Approved | VIII. COUNTY DEPARTMENT USE ONLY | 합 | cott | er's Owner's | VII. RESPONSIBILITY STATEMENT: The undersigned assume responsibility for | ımp Tank / ɔer | Tank or Holding | INFORMATION | ANK | Gallons Per Day | Portable Privy (Temporary Use V. ABSORPTION SYSTEM INFORMATION: | `] [| | YPE OH! | B) | <u>г</u> | | TYPE OF PERMIT: (Check only one box on line | State Owned Public (Expl | II. TYPE OF BUILDING: | City, State Sいを正ねにた | Owner 7 | LAKE | Scott and M | Property Owner's Name | APPLICATION INFORMATION (Please Print All Information) | Styleshoven and security |
| | 707E | Di Ow | //DEPAI | | 302 | ier's Name: | MBILITY | / Siphon | folding | Z. | .T. | 2. Abso Requ | Portable Portable | | Pit Privy | NON-BLL | A Sanita | Reconnection | 17 New | ERMIT: | wned (Explain the use/purpose | NIGHT | WE. | s Mailing | AHMEEK | Mary | s Name | | and the second of the second o |
| | V Chada | Disapproved Owner Given Initial Adverse Determination | RIMENI | (Street, City State, | | e: (Print) | STATEA responsibi | | | New Tanks | Capacity In Gallons | Absorp. Area Required (Sq.Ft.) | Privy (To | | | MBING S | ry Permit v | | | (Check of | purpose | (Chec | (n N | 7 | | Mohr | | RMATIO ation) | |
| demodical ded de de la proposició de con- | 1 / R Z / | Initial rmination | USE ON | te, Zip Code) | | ne) rot mo | I ENT: | | | Existing Tanks | | t.) 3. Abso (Sq. Ft.) | emporary Dr.M.A.J.K | [| □ Va | SYSTEM | A Sanitary Permit was previously issued. | 2. 🔲 Repair | Rep | nly one bo | | One) | Zip Code 5 4 8 80 | | RD. | 0 | | N [] | |
| | TX CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL: | Samitary P \$150 | | de) | | Plumber's | VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsite sewage, system shown on the attached plans. | Section 2 to 1 | | Gallons | Total | Absorp. Area Proposed (Sq. Ft.) | Portable Privy (Temporary Use Only N SYSTEM INFORMATION: | ; } | Vault Privy | IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number | usly issue | | Replacement | s on line A. | -1 | | Phone (1715) 3 9 | | Payrield Co. Zoning Dept. | | - XX | u G | |
| ne ene el locate del de colon el Abatama i Abat | R DISAB | anitary Permit/Transfer Fee: $ SO ^{gq} EO > $ $ SO ^{gq} EO = SO ^{gq}$ | | | | | | | | <u>.</u> | # of | 4. Lo: (Gals. | | . | (Vault size: | | | 3. Re | | FR. | | | Phone Number 715) 3 9 6 - 3 705 | | Zoning D | | 8 2011 | | |
| SASSA ISSANIELIA | PROVAT | ster Fee: | | Home Phone | | s Owne | sewage s | | JULY MAY | Name | Manufacturer's | 4. Loading Rate (Gals. / Day / Sq駅t.) | Composting Toilets | | | placement | Previous Permit Number: | Revision | County Private Interceptor | Check box on line B, if applicable) | Tax Number(s): | Dancol ID | Lot # | 1 ownsnip | 0. 7 | Property Location: | County: | Son Test | |
| | | Date Issued: | | one: | Shirt | Owner's Signature: | ustem sho | | | | | 华 t.) | ıng Toile | 3 : , | gallons or _ | s need pro | Vumber: | * * | te Interce | B, if app | ber(s): | | | 110 G | 1/4, | ocation: | | | |
| | | sued: | | | | ture: (No | wn on th | | | Concrete | | Perc. Rate (Min. Inch) | rs – | | cubic | vious pe | | Transfe | ptor ⁻ | licable) | 0,20 | | Bloo | 7 | S | | | | |
| | | | | | | (No Stamps) | e attache | | | Constructed | Site | te 6. | _l Incmeratu | -] · · | cubic yards) | rmit num | Date | Transfer of Owner (List Previous Owner below) | - | | نۇ ىر 1 | | Block #: | 1 | (H I 9 | | אָ | County Permit No: | |
| | | A See | | Busines | |) MP/I | d plans. | | | | Stee] | System Elev.(Feet) | erating loilet | ·. | | | Date Issued: _ | 1er (List F | | | 7-47 | | | PART 0 | 7 N, R | | 3 | Yo: | |
| | | gent's Signature / Date: | | Business Phone: | | MP/MPRSW No: | | | | glass | Fiber- | eet) | oilet | : | | and date filled out above | | revious O | | .004 | 00- | | CSM #: | | 09 | | | 1-0 | |
| | | ure / Date: | | | | No: | | | | I Idoue | Plastic | Final Grade Elev. (Feet) | | | • | d out abo | | wner belo | | 0600 | , 9 kg | | Subdivision Name or CSM #: | | THE STATE OF | | 0 |)58 | - |
| | | <u>+</u> | | | | | | | | App. | Exper. | rade eet) | | | | ууе | | (W) | | Ŏĸ | 7 | | ame or | | (or)(i) | | 9-11 | (L | |

Lot Line



Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N)

COMPOSTIN

TOILET

IS NECESSARY, FOLLOW STEPS 1-7 COMPLETELY

Ö

K. P. ンギドウ DETAILED PLOT PLAN

IMPORTANT

- 'n Show the approximate location and size of the building
- ယ Show the location of the well, septic tank and drain field
- 4. Show the location of any lake, river, stream or pond if applicable
- Ŋ Show the approximate location of other existing structures
- 9 Show the approximate location of any wetlands or slopes over 20 percent
- 7 Show dimensions in feet on the following:
- Building to all lot lines
- þ Building to centerline of road
- ဂ Building to lake, river, stream or pond
- ρ. Septic / holding tank to closest lot line
- Septic/holding tank to building
- **→** e Septic / holding tank to well
- Septic / holding tank to lake, river, stream or pond
- Privy to closest lot line

- Privy to building
- Privy to lake, river, stream or pond
- $\times \sim 1$ Drain field to closest lot line
- Drain field to building
- Ħ Drain field to well
- Drain field to lake, river, stream or pond
- Well to building